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[Improved eyedrop administration and compliance in glaucoma patients. A clinical study]

[Article in German]

Busche S, Gramer E.

Universitäts-Augenklinik Würzburg.

BACKGROUND: Poor compliance can be dangerous to successful medical treatment of glaucoma. Among other things one reason for non-compliance represents the inability of the patients to place drops in the eye appropriately. Therefore information regarding the patients ability to administer an eyedrop safely are a prerequisite to determining a therapy scheme which ensures the compliance of glaucoma patients. **PATIENTS AND METHODS:** 100 glaucoma patients on medical therapy who first presented in the outpatient glaucoma clinic of the University Eye Hospital of Würzburg were examined by standardised questionnaire and ability tests. We evaluated: 1. Can the eyedrop administration of glaucoma patients be improved by a standardised instruction? 2. Can the eyedrop administration be improved by the use of a drop aid (Autodrop)? 3. Can the accuracy of aiming and the manual ability be evaluated with a target-test on a sheet of paper with a series of concentric circles? 4. How do patients on combined therapy distinguish between their different bottles and where is the dosage regimen noted? 5. What kind of distinguishing marks of eyedrop-bottles do the patients prefer? **RESULTS:** 1. Before verbal instruction 76% of the patients applied the eyedrops appropriately, after instruction 94% ($p < 0.001$) were capable. Touching the eye with the tip of the dropper was reduced significantly. Touching the eye before instruction was found in 63% of the patients, after instruction it was found in 41% ($p < 0.001$). 2. When patients used the drop aid 81% were able to place a drop in the eye appropriately. Only by 46% of the patients the Autodrop was welcomed. 3. 16% of the patients were not able to place a drop within 1.5 cm of the center of the target (according to the size of an eye). 4. 47% of the patients who use more than one eyedrop bottle admitted problems in distinguishing the bottles, only 38% of the patients read the labels. 5. 76% of the patients would prefer markable stickers of different colours for the bottom of the bottles to improve distinguishing the bottles in combined therapy. **CONCLUSION:** Instruction improves eyedrop administration in

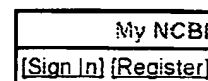
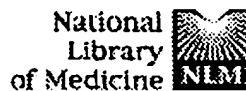
18% of our patients. In combined therapy with several drugs new distinguishing marks are requested by the patients. To improve compliance combination preparations should be administered if available.

PMID: 9445914 [PubMed - indexed for MEDLINE]

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1: Clin Experiment Ophthalmol. 2004 Feb;32(1):39-41.

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Black eye drop bottle tips improve compliance.

Stack RR, McKellar MJ.

Department of Ophthalmology, Christchurch Hospital, Christchurch, New Zealand.

AIM: To determine if dark coloured tips on eye drop bottles facilitate ocular therapy. **METHODS:** Eye drop bottles were modified by placing sterile black tape around the bottle tip. Patients on regular timolol therapy were asked to use bottles with the modified tip for one month. They then completed a questionnaire comparing the black tips with the standard tips on the bottle they normally use. **RESULTS:** Eighty-eight per cent of patients found the black tipped bottles easier to use than bottles with the standard tip. Sixty-eight per cent of patients had fewer occasions on which they needed to instil a second drop and 30% of patients touched their eyelid less when using the modified bottle tips. **CONCLUSION:** Black coloured bottle tips aid ocular therapy. They are easier to use, result in less contact with the eye on instillation and patients note a reduction in need for a second or additional drop. This is likely to improve compliance and reduce contamination. A change in manufacturing practise should be encouraged.

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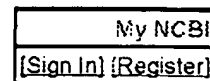
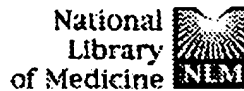
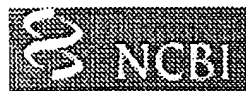
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Practical problems with eye-drops among elderly ophthalmology outpatients.

Burns E, Mulley GP.

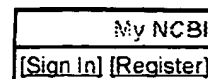
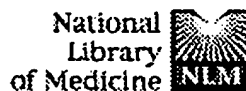
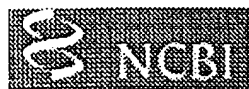
Department of Medicine for the Elderly, St James's Hospital, Leeds.

Many elderly patients have eye-drops prescribed. We have examined the abilities in eye drop application of 43 consecutive outpatients aged 75 years or more who completed a questionnaire and demonstrated their technique in eye-drop application. Less than one-third of patients applied drops themselves, the rest relying on others; one-third of this group lived alone. The majority of patients experienced some difficulty with the application of their drops and it was estimated that half of those who usually applied their own treatment were unlikely to succeed in instilling a drop into the conjunctival sac. Few patients had been prescribed aids or appliances to improve their eye-drop application technique.

PMID: 1615776 [PubMed - indexed for MEDLINE]

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1: Can J Ophthalmol. 1984 Feb;19(1):2-5.

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Improper topical self-administration of ocular medication among patients with glaucoma.

Brown MM, Brown GC, Spaeth GL.

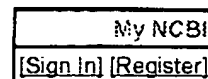
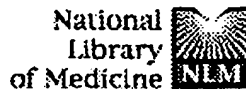
Possible sequelae of improper administration of eyedrops include treatment failure, unnecessary use of additional medications and spread of infection. To determine the extent of improper topical self-application of ocular medications, 150 patients with glaucoma who were already using eyedrops were studied. Employing their customary methods of administration 19 (13%) of the patients were unable to place drops in both eyes after one or more attempts, and 120 (80%) of the patients failed to maintain the bottle's sterility during application. No significant relation was found between performance and age, sex, educational level, visual acuity or field, intraocular pressure, length of time the patient had been using eyedrops or, among the 100 clinic patients, whether the patient had received prior instruction in their use. The 50 private practice patients had all received prior instruction, by one physician, whereas only 62% of the clinic patients had, and there had been several instructors at the clinic. Significantly more (p less than 0.05) of the clinic patients than of the private practice patients failed to wash their hands before instilling the drops (97% v. 78%) and were unable to properly instill the drops in both eyes after one or more attempts (18% v. 2%). Therefore, uniform teaching probably improves the ability of patients to topically administer ocular medication.

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1: Am J Ophthalmol. 1999 Sep;128(3):368-70.

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A new eyedrop dispensing bottle.

Overaker RF, Dodge BC, Epstein DL.

Biophysics Laboratory, Department of Ophthalmology, Duke University Medical Center, Duke University Eye Center, Durham, North Carolina 27710, USA.
overa004@mc.duke.edu

PURPOSE: To report a new eyedrop dispensing container that allows administration of eyedrops while the head of the patient is in the usual upright position.

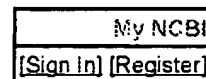
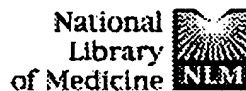
METHODS: An eyedrop dispensing container with a dip tube extending to the bottom, an automatic venting mechanism, and an angulated dispensing tube was developed. **RESULTS:** The problem of unwanted efflux of fluid was solved by incorporating the automatic venting mechanism. The final design includes an adjustable, angulated dispensing tube and "single structure" construction incorporating the cap. A removable cheek rest is also provided. The design allows eyedrops to be instilled while the patient's head is in the upright position and even when spectacles are being worn. A prototype 15-ml bottle delivered an eyedrop volume of 19.7 +/- 1.2 microl (mean +/- SD) (n = 75). **CONCLUSION:** This new eyedrop bottle should allow precise self-administration of eyedrops by a patient in front of a mirror, without a need to change head position.

PMID: 10511039 [PubMed - indexed for MEDLINE]

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1: Ophthalmology. 2003 Apr;110(4):796-800.

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Inadvertent conjunctival trauma related to contact with drug container tips: a masquerade syndrome.

Solomon A, Chowers I, Raiskup F, Siganos CS, Frucht-Pery J.

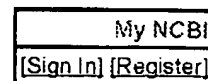
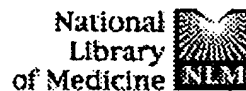
Department of Ophthalmology, Hadassah University Hospital, Jerusalem, Israel.
avisol@md.huji.ac.il

PURPOSE: To report the diagnosis, clinical course, and management of acute painful red eye syndrome associated with unintentional tube- or bottle-tip-induced conjunctival trauma. **DESIGN:** A small, noncomparative, interventional case series. **PARTICIPANTS:** Twelve eyes of 12 patients (8 female and 4 male, aged 21-84 years) who were urgently reported or referred with a variety of diagnoses resulting from acute onset of red, painful eye. Four eyes had corneal transplants, two were recovering from herpetic keratitis, two had undergone cataract surgery or a laser in situ keratomileusis procedure, one had a corneal neurotrophic ulcer, and one used a contact lens. All the patients had received new medications (ophthalmic ointments in nine patients, topical drops in three patients) within 1 week before onset of symptoms. **INTERVENTION:** Assessment of method of self-administration of topical medication, evaluation of the ocular surface lesion, and patient education. **MAIN OUTCOME MEASURES:** Association of patient behavior with ocular surface lesions. **RESULTS:** All 12 patients presented red, painful eyes, congested lower palpebral conjunctiva, epithelial conjunctival erosions, and episcleritis. In all patients, direct contact of the tube or bottle-tip with the affected area of the conjunctiva was ascertained by inspection. Instructions on proper method of drug administration and eye patching with lubrication were followed, within 2 weeks, by healing of conjunctival lesions. **CONCLUSIONS:** Drug containers may cause nonintentional conjunctival trauma and simulate severe ocular disorders. Physicians should be aware of this diagnosis in any case of prolonged and unexplained ocular irritation and should instruct patients as to the proper instillation of topical ophthalmic medications.

Publication Types:

- Case Reports

PMID: 12689905 [PubMed - indexed for MEDLINE]



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1: Ophthalmology. 1982 Mar;89(3):284-5.

[Related Articles, Links](#)**A positioning aid for eyedrop administration.****Ritch R, Astrove E.**

A device designed to improve the ability with which the patient instills eyedrops is described. This consists of a flexible, angled, vacuum-metallized polyester mirror with adhesive at one end to which a squeeze-type dropper bottle may be attached and, if desired, permanently affixed.

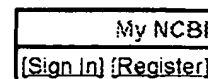
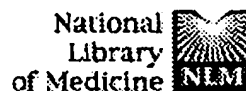
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1: Nurs Times. 1996 Aug 7-13;92(32):36-7.

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Improving compliance with glaucoma eye-drop treatment.

Cooper J.

Many older patients attending ophthalmic out-patient clinics have been prescribed eye drops for long-term use to treat glaucoma but do not continue with their treatment. This review looks at chronic simple glaucoma, the problems of compliance with long-term medical treatment in older people and the current and future treatment of glaucoma. Recommendations are made on the nurses' role in supporting these patients.

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- Review, Tutorial

PMID: 8826416 [PubMed - indexed for MEDLINE]

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